



Little Traverse Bay Bands of Odawa Indians  
Education Department  
Preschool - 12th Grade Education Assistance Scholarship Application

Name of student \_\_\_\_\_

Enrollment # \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Grade \_\_\_\_\_

Name of school \_\_\_\_\_

Address (school) \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ School phone# \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

Parent/Guardian Social Security # \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

Director's Signature (Human Serv./Tribal Court, if necessary) \_\_\_\_\_

**It is our plan to use the scholarship award for the following educational expenses:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



completed application must include:  
photocopy of child's Tribal I.D.



for office use only: date received \_\_\_\_\_ approved \_\_\_\_\_  
check# \_\_\_\_\_ check sent \_\_\_\_\_ initial \_\_\_\_\_